

**APPLICATION TRANSFER REQUEST FOR S.N. 09/885,617**

Section I. TRANSFER REQUEST BY (PRINT NAME) R. Ellis Date August 8, 2001

TO: Art Unit 2621 Class/sub 382/128 From: A.U. 2183 Class 712

**REASON:**

**Analysis of medical images.**

Gatekeeper concurrence R&B for JS Hand carried: Personally accepted by \_\_\_\_\_

Section II. DISPOSITION BY RECEIVING TC A.U. \_\_\_\_\_ Date \_\_\_\_\_

☐ ACCEPTED BY RECEIVING T.C.

☐ NOT ACCEPTED ☐ Forward to Post Classifier  
☐ Return to Originating Technology Center /AU \_\_\_\_\_

**REASON:**

**DISPOSITION BY RECEIVING TC POST CLASSIFIER**

☐ This dispute was resolved. Forward to Class/Sub \_\_\_\_\_ TC/AU \_\_\_\_\_ Post Classifier \_\_\_\_\_ Date \_\_\_\_\_

Concurring \_\_\_\_\_ Date \_\_\_\_\_

☐ This dispute was not resolved, forward to DISPUTE RESOLUTION PANEL  
Post Classifier Assessment:

Section III. DISPOSITION BY DISPUTE RESOLUTION PANEL Date \_\_\_\_\_

Panel Decision: Forward to Technology Center / Art Unit \_\_\_\_\_ Class/sub \_\_\_\_\_

**REASON:**

Panel Member \_\_\_\_\_ ☐ Concurring Panel Member \_\_\_\_\_

☐ This application MAY be returned to the dispute resolution panel if reconsideration is desired (use form 447R).

☐ This application MAY NOT be returned to the dispute resolution panel. THIS IS A FINAL DISPOSITION.

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/885,617


DATE: <u>8/8/2001</u>	FROM: <u>Ellis, R</u> (print name)
FORWARD TO: A. Art Unit: <u>2109</u> B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): <u>77</u>

## FURTHER EXPLANATION IF NEEDED:

Medical Device

DATE: _____	FROM: _____ (print name)
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

## FURTHER EXPLANATION IF NEEDED: